

# Avita Financial Assistance Policy

Avita is committed to providing access to health care for everyone regardless of their ability to pay. We commit to do so in a professional and compassionate manner that respects our patients' dignity and privacy.

The Avita Financial Assistance Program is designed to provide fair and consistent access for all patients through use of a formalized application process. Standardized eligibility criteria are based on total gross family income, the number of dependents in the family unit, and the family's liquid assets.

**The income guidelines are a sliding scale with a maximum income amount of 400% of Federal Poverty Level guidelines. Full (100%) assistance is given to families with income less than 200% of Federal Poverty Level.**

The value of liquid assets that exceeds the family's total gross income for the previous 3 months is included in the calculation of the family's income.

Medical hardship adjustments will be approved for families if Avita medical expenses within a twelve (12) month time frame exceed \$10,000 in patient responsibility and more than 20% of the family's income once the initial hospital assistance has been applied. Percentage of hardship awarded will not exceed 90%.

Presumptive charity will be given to families identified by external data analysis to not have the ability to pay.

## **CHARGES WILL NOT EXCEED AMOUNTS GENERALLY BILLED (AGB)**

- If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having commercial insurance or Medicare coverage.
- Avita utilizes the "look-back" method to determine the "amounts generally billed" to individuals who have insurance covering Emergency or other Medically Necessary Care.
- The percentage is calculated using all claims allowed by both private pay insurers and Medicare (Traditional) for both inpatient and outpatient services. Total expected payment from allowed claims is divided by total billed charges for such claims to calculate the AGB.

## **To be eligible, patients/guarantors must:**

- Exhaust available private and public resources, including but not limited to health insurance, liability insurance, pharmacy assistance programs, and grant programs. With the exception of Medicare eligible patients and patients over 18 years of age with no dependents under 18 years of age, families must complete the Medicaid application process to be considered for the Avita Financial Assistance Program.
- Be a U.S. citizen or a non-U.S. citizen living in Ohio voluntarily. Non-U.S. citizens who are on vacation in Ohio or any patient who comes to Ohio solely to receive medical care are excluded from assistance.
- Be unable to access other programs that would cover medical expenses.
- Not have declined health insurance through an employer within the last 12 months or a family member who could have covered the patient must not have declined coverage in the previous 12 months.
- Agree to enroll for coverage through the Marketplace during the next open enrollment. If patient fails to enroll and maintain monthly premiums, he/she will not be eligible for additional assistance unless patient submits verification that the lowest monthly premium for which family members are eligible exceeds the family's gross monthly income by more than 15%.
- Authorize the release of any information needed to determine the family's eligibility, not to exclude address verification, a credit check through a national credit bureau, asset check through County Tax Assessor, and verification of all income and benefits received.
- Apply for assistance within 240 days after the first post-discharge statement

## **Family income:**

- Is calculated based on the gross income for the three months prior to the service date multiplied by four or the twelve months prior to the service date, whichever is lower
- Includes, but is not limited to:

- Wages, salaries, earnings
- Unemployment and Workers Compensation benefits
- Social Security and SSI benefits for all family members
- VA benefits
- Pension and retirement income
- Interest, dividends, royalties, trust funds, income from estates
- Child support and alimony
- Food stamps
- Must be verified with documentation or patient attestation if no documentation available (e.g., written statement of support from friends or relatives)
- Income from self-employment will be calculated by reviewing a copy of the applicable federal tax Schedule C Profit or Loss Statement. For service dates within the first three months of the calendar year, the previous year's tax statement can be used. For service dates within the last nine months of the year, an updated, interim Schedule C must be prepared by the family and provided with the application. If a Schedule C was not filed for the previous tax year, an interim Schedule C must be prepared by the family and provided with the application. Excluded deductions include but are not limited to:
  - Home office
  - Furniture
  - Mileage, travel, parking, tolls, meals, entertainment, and gifts
  - Depreciation
  - Education/training
  - Charity deductions made for business purpose
  - Utilities for home based business
  - Internet hosting/services for home based business
  - Moving
  - Safe or safety deposit box

**Medical hardship assistance:**

- Is awarded to families who within a specific time frame incur medically necessary Avita expenses:
  - In excess of \$10,000
  - Not covered by insurance or other private or government programs, and
  - That exceed 20% the family's gross income for that specific time frame. The time frame for comparison of expenses to income must be at least three (3) months but not more than twelve (12) months.
  - Percentage of hardship awarded will not exceed 90%
- Is calculated on the patient responsibility amount after all available third party insurance have paid or been exhausted, available government and private programs have paid, and charity adjustments based on income and liquid assets have been applied.

**Application forms are available free of charge:**

- On the Avita Website ([www.avitahealth.org](http://www.avitahealth.org))
- At Avita registration desks or Avita physician office front desks
- By contacting Avita's Customer Service Team at 419-468-0512
- On the back of Avita first statements sent to families with a patient responsibility amount

The Vice President of Finance/Chief Financial Officer (CFO), Director of Patient Financial Service (PFS), and Patient Receivables Manager have the authority to approve charity care.

**An approved financial assistance application is good for 90 days.**

**Definitions**

- **Covered Services:** Medically necessary services as defined by Medicare and Ohio Medicaid programs for the following organizations and provider groups:
  - Galion Hospital
  - Bucyrus Hospital

- Avita Ontario
- Avita Ontario ASC
- Avita Physicians (GCH Health Services, BCH Health Services, NCOFCC)
- **Excluded** services include but are not limited to:
  - Cosmetic procedures
  - Cataract surgery that does not meet Medicare medical necessity guidelines
  - Upgraded lens used in medically necessary cataract surgery
  - Vascular and endovascular surgery that does not meet Medicare medical necessity guidelines
  - Hearing aids
  - Fertility procedures
  - Experimental drugs and procedures
  - Hip and knee replacement surgeries that do not meet Medicare medical necessity guidelines
  - Avita retail pharmacy
  - Avita DME
  - Physicals related to school/work/sports
  - Service of physicians who are not employed by Avita Health System (e.g., Riverside Radiology, Emergency Room professional fees and independent physicians)
- **Family** of patient 18 years of age or older:
  - Patient
  - Patient's spouse, regardless of whether or not he/she lives in the home
  - Patient's children under 18, natural or adoptive who live in the home
  - Any person who is providing more than 50% of funding required for the patient's living expenses, regardless of whether or not he/she lives in the home with the patient
  - Any person living in the home with the patient who is dependent on the patient's family income for over 50% of their support
- **Family** of non-married, un-emancipated patient 17 years of age or younger
  - Patient
  - Patient's natural or adoptive parent(s), regardless of whether they live in the home
  - The parent(s)' children, natural or adoptive under the age of 18 who live in the home
  - Any person who is providing more than 50% of funding required for the patient's living expenses, regardless of whether or not he/she lives in the home with the patient
  - Any person living in the home with the patient who is dependent on the patient's family income for over 50% of their support
- **Liquid** assets included in income calculation
  - Cash
  - Checking account funds
  - Savings
  - Money market funds
  - Certificates of deposit
  - Stocks and bonds
  - Available money held in a trust fund for the patient
  - Lottery winnings within twelve months of service date

# Financial Assistance Income Guidelines

## Summary

### 100% Assistance up to 200% of FPL / Graduate Scale up to 400% of FPL

*Note: Regardless of income, patients with no coverage receive 15% discount. If the patient is awarded financial assistance, the 15% discount will be reversed and assistance given on total charges.*

Family Size	200%		250%		300%		400%	
	100% Assistance Annual Income		90 % Assistance Annual Income		75% Assistance Annual Income		40 % Assistance Annual Income	
			From	To	From	To	From	To
<b>1</b>	Under	\$ 24,120	\$ 24,121	\$30,150	\$30,151	\$36,180	\$36,181	\$48,240
<b>2</b>	Under	\$ 32,480	\$ 32,481	\$40,600	\$40,601	\$48,720	\$48,721	\$64,960
<b>3</b>	Under	\$ 40,840	\$ 40,841	\$51,050	\$51,051	\$61,260	\$61,261	\$81,680
<b>4</b>	Under	\$ 49,200	\$ 49,201	\$61,500	\$61,501	\$73,800	\$73,801	\$98,400
<b>5+</b>	Under	\$ 57,560	\$ 57,561	\$71,950	\$71,951	\$86,340	\$86,341	\$115,120

## Medical Hardship Guidelines

Patient's Responsibility Amount After All Available Payment and Charity Resources are Exhausted	Medical Hardship Adjustment
20-24.9% of total gross family income	50%
25-34.9% or more of total gross family income	75%
35% or more of total gross family income	90%

## Compliance with Federal Civil Rights Laws

Avita Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avita Health System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avita Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please inform your Admitting Clerk or contact Cinda Kropka, Civil Rights Coordinator at 419.468.0571.

If you believe that Avita Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Cinda M. Kropka, Compliance/Ethics & Privacy Director & Civil Rights Coordinator, 269 Portland Way S, Galion OH 44833, 419.468.0571, Fax 419.468.0721, or email ckropka@avitahs.org. You can file a grievance in person or by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 419-468-4841.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 419-468-4841。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 419-468-4841.

هاتف الصم والبكم 468-4841-ك اذا: تظود لم 914م قروب ل صد تا. بناجملاب كل رف اوت ت قير وغلا فادعا سملا ت امدخ ذاب، غلا ركذا ت دد تت ن

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 419-468-4841.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 419-468-4841.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 419-468-4841.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 419-468-4841.

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 419-468-4841.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 419-468-4841 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 419-468-4841.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。419-468-4841 まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 419-468-4841.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 419-468-4841.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 419-468-4841.